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Honoring the Dead: Digitizing Abuse & Neglect at the Asylum for Insane Indians

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Honoring the Dead: Digitizing Abuse & Neglect at the Asylum for Insane Indians

Kennedi Ford

General Beadle Honors Program

Capstone Project/Honors Thesis

Dr. Stacey Berry

March 20, 2018

ABSTRACT

Perhaps because of the nature of the asylum and the relatively short length of time in which it was open, documents and records pertaining to the Canton Asylum for Insane Indians are hard to come by.

Approximately 1,000 files have been gathered and are in the process of being edited and published online. My participation is part of a Capstone project for Dakota State University's General Beadle Honors Program. During my work with the Honoring the Dead digital archive project, I have edited, uploaded, transcribed, and gathered metadata for 6 documents. In addition to digitizing, I analyzed the documents for instances of abuse and neglect. The documents revealed poor living conditions, nonexistent medical and psychological care, heavy use of restraints and isolation, and inadequacy in records relating to patients and practices.

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CHAPTER I: Purpose & Overview

Type of Project: Digitizing documents and content analysis

Subject: “Honoring the Dead: Digitizing Abuse & Neglect at the Asylum for Insane Indians”

Research Question: Is there evidence in asylum documents and reports supporting claims of abuse, neglect, and poor care practices at the Asylum for Insane Indians?

Statement of the Problem

In the 1890s, South Dakota Senator Richard Pettigrew went to Washington, D.C. to petition for the construction of a South Dakota institution for Native Americans. The institution was lobbied for by Peter Couchman, an agent at the Cheyenne River Agency, who believed that at least 2 mentally ill Native Americans on each reservation in the United States. Although many doubted the legitimacy of the institution’s purpose, many also considered it as a tool to assimilate Native Americans.

Congress passed a bill in 1898 that created the first and only Institution for Insane Indians, and the asylum officially opened in 1903. The Asylum for Insane Indians, also known as the Hiawatha Insane Indian Asylum and the Canton Indian Insane Asylum, closed in 1934. In its 31 years of operation, the asylum housed approximately 350 Native Americans, most of whom displayed no signs of mental illness.

Whether because of the sensitive nature of the documents, poor management, or the short duration of the asylum’s operation, little information about the asylum has been made readily available to the public. While documents exist in microfilm in the South Dakota Historical Society archives and physical copies reside at the National Archives, little content is available in digital spaces. The *Honoring the Dead* digital archive project, first started by Drs. Stacey Berry

and John Nelson, seeks to digitize records and reports from the Asylum for Insane Indians for greater accessibility to the general public.

Significance

This project is significant because of its efforts to make history more visible by bringing records of the Asylum for Insane Indians into the digital age with the goal of greater accessibility. By digitizing these records, accounts of the asylum and an important part of American history can be made available to the public.

The research into the abuse and neglect that occurred will provide context to the functions of the asylum and will attempt to reconstruct the treatments, abuses, and neglect endured by those that lived there.

Scope and Limitations of Project

Because so little information is available about the Asylum for Insane Indians, all research regarding the instances of abuse and neglect will be conducted solely in the documents digitized. Approximately 1,000 scans and images of microfilm copies of the documents from the South Dakota Historical Society are available, and I digitized, transcribed, and analyzed 6 of these documents.

Methodology

This project seeks to digitize records from the Asylum for Insane Indians and analyze these records for potential instances of abuse and neglect. The act of digitizing also serves as the research process; edits and transcriptions of the documents required several close readings and

provided a tentative timeline for the state of the asylum. Additionally, limited information is readily available for comparing original findings with external research. The process of digitizing each document included photo editing, file conversion, metadata compilation, transcription, and several rounds of editing.

- Metadata – data that describes and provides information about other data
 - The *Honoring the Dead* digital archiving project utilizes Dublin Core standards, which is a set of metadata terms such as Title, Creator, and Subject.
- Omeka - web-publishing platform for the displaying collections and exhibits
- File conversion – converting a file from one format to another
 - File conversion was utilized in my work on this project to change image files into PDFs in order to group multiple pages together into a single document.
- Document group – single file containing all the images pertaining to a given report or memorandum
 - The document groups that were digitized in my work had already been compiled.

Chapter one explains the purpose of the project as well as some essential background information. The second portion of the chapter offers the research question: is there evidence in asylum documents and reports supporting claims of abuse, neglect, and poor care practices at the Asylum for Insane Indians? After this section I offer a justification for why this issue matters. The third section discusses the scope and limitations of this project. I have outlined the aspects of this issue that will be discussed in this project and acknowledge minor issues.

In chapter two, I explain the steps for digitizing. The first section discusses the software and technical skills utilized in the digitization process. The second section offers a step-by-step walkthrough of the process. Section three includes a summary of metadata creation and transcription. Each section will feature images as evidence of claims made within the report.

Chapter 3 outlines the content and findings of each document digitized over the duration of the project. Screenshots are included for supporting evidence, and citations and links to the digitized documents are available in the “References” section. Preliminary analyses of instances of abuse and neglect will be completed in each section. Documents are organized in order of digitization.

Chapter four concludes the project report. The first section offers a summary of the digitizing process. The second part features a summary of my findings. I have analyzed the content and information from digitized documents and have drawn my own interpretations, based on these findings, of instances of abuse, neglect, and poor care practices and attempt to reconstruct an image of life at the Asylum for Insane Indians. The third section explains the significance of my results and why they offer valuable insight into a little-known aspect of South Dakota history. The fourth section explains the personal and professional impact of this project.

CHAPTER II: The Digital Project

The Story Behind the Project

This project is a series of digital documents stored on Omeka. Because little information about the asylum is available online, I thought it was most appropriate to tell this story in readily accessible web platform. The use of transcription, tags, and other metadata allows for text

analysis of the documents, ease of navigation, and provides a more detailed outline of the hierarchies and experiences at the asylum.

Editing & Uploading

The process for digitizing documents has several steps, including revision. These steps include downloading files from document categories, editing for clarity, file conversion, transcription, uploading to Omeka, and gathering metadata. Initially, the print documents from the South Dakota Historical Society had to be photographed or scanned and saved as a JPEG or PNG files. As the *Honoring the Dead* project was previously established by Drs. Stacey Berry and John Nelson, the initial phase of the digitizing process was already completed before my involvement began.

Documents were then sorted into document categories and stored in a Google Drive folder. My digitizing process began by downloading all image files from a document category, such as “1923 Annual Report Statistical.” After this, each image was opened and edited in Windows’ free Photo application. Editing included rotating the document into an upright position for ease of readability, cropping excess white space, damage, and microfiche lines, and adjusting the color and clarity for greater contrast between text and paper. Each edited image file was resaved as a JPG in a new folder. This process was repeated for each page of the document group. After these files were edited, I began the first round of revision, in which I evaluated the clarity of the documents with fresh eyes, making adjustments as needed.

After the initial editing and revising, I uploaded the files from the document group to Smallpdf, an online tool used to convert JPGs into a single PDF document. Following the conversion, the document was downloaded again, and I reviewed the document again to ensure

the documents were converted and ordered correctly. Once complete, the transcription of the document began.

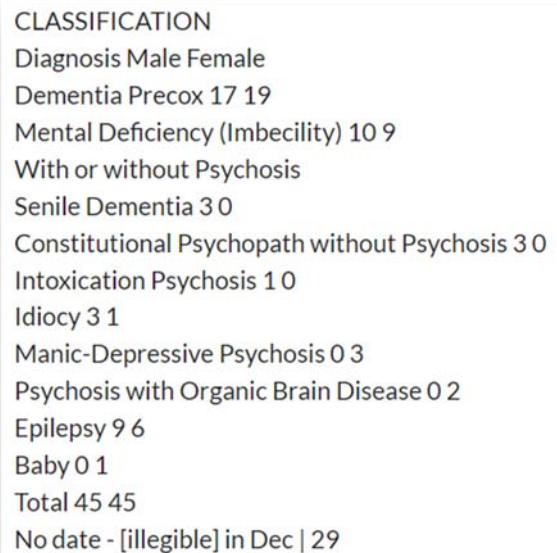
Transcription & Metadata

In Windows' Notepad app, a plain text editor, I transcribed each page of the document. The Notepad app was used for the initial phase of the transcription process as it does not feature formatting and autocorrects, which can alter the text and layout. In addition to main body text, I also included notes, stamps, illegible text and typos from the original document in the transcription, noted in brackets. Charts featured in the original documents were recreated in plain

text using multiple spacing to denote columns, as shown in Figure 1. After the transcription is complete, the text was pasted into a Microsoft Word document to check for spelling and typos.

Noted errors were compared with the PDF document and changes were made as needed. A final proofreading of the transcription was done before I uploaded the document into the Omeka collection.

The final stage of the process was compiling metadata. Due to the close, analytical readings during the transcription phase, all the



CLASSIFICATION	
Diagnosis	Male Female
Dementia Precox	17 19
Mental Deficiency (Imbecility)	10 9
With or without Psychosis	
Senile Dementia	3 0
Constitutional Psychopath without Psychosis	3 0
Intoxication Psychosis	1 0
Idiocy	3 1
Manic-Depressive Psychosis	0 3
Psychosis with Organic Brain Disease	0 2
Epilepsy	9 6
Baby	0 1
Total	45 45
No date - [illegible] in Dec 29	

Figure 1: Sample transcription taken from 1929 Memorandum for Dr. White from Chief Medical Director of Office of Indian Affairs. Original text presented in table form, noting diagnoses.

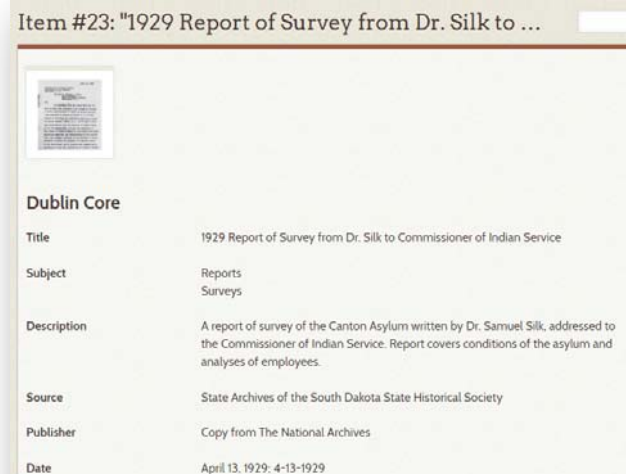


Figure 2: Image of the metadata fields from the 1929 Report of Survey from Dr. Silk to Commissioner of Indian Service.

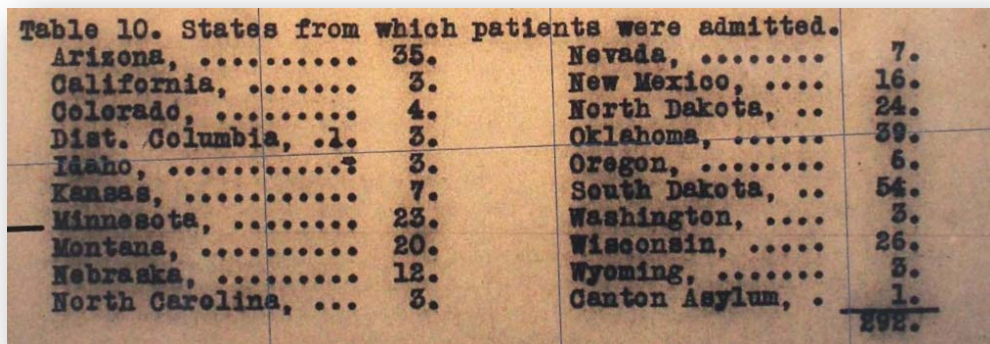
necessary information for the metadata fields were readily available. Omeka and the Honoring the Dead project utilized Dublin Core schematics for the metadata.

Metadata fields included a title for the document, subject, description, source, publisher, date, and rights. Each of these fields were filled out for each document. While the fields for the title, subject, description, and date were subject to change based on the document, the source, publisher, and rights remained the same. All edited documents cited “State Archives of the South Dakota State Historical Society” as the source, “Copy from The National Archives” as the publisher, and “government records, public domain” for the rights. Once the final document was completed and uploaded, a cursory review of the newly digitized document was done to ensure quality and assess overall appearance. Changes were made as needed, and links for further assessment and approval were sent to project supervisor, Dr. Stacey Berry.

CHAPTER III – The Documents

1923 Annual Report Narrative and Census

This report
notes the number
of population and
origins of Native
Americans at the
asylum during



Arizona,	35.	Nevada,	7.
California,	3.	New Mexico,	16.
Colorado,	4.	North Dakota, ..	24.
Dist. Columbia, .1.	3.	Oklahoma,	39.
Idaho,	3.	Oregon,	6.
Kansas,	7.	South Dakota, ..	54.
Minnesota,	23.	Washington,	3.
Montana,	20.	Wisconsin,	26.
Nebraska,	12.	Wyoming,	3.
North Carolina, ...	3.	Canton Asylum, .	1.
			<u>292.</u>

Figure 3: States from which patients were admitted.

1923, adding to the records from the asylum’s opening in 1903. According to the census, a majority of inmates were admitted from South Dakota, Oklahoma, Arizona, North Dakota,

Minnesota, and Montana. The census also reported that a majority of patients came from Sioux, Chippewa, Menominee, and Navajo tribes, with a significant number with unknown origins.

In the 1923 report narrative and census, the asylum also provided a table with statistics relating to the release and death of patients. Of the 204 instances of a patient leaving the asylum, 137 of

Table 5. Number of discharges divided into yearly periods.

Fiscal Year.	Deaths.	Recoveries.	Imp. or unimp.	Escapes.
1903,	1	0	0	0
1904,	1	0	0	0
1905,	5	2	1	0
1906,	6	1	1	0
1907,	4	4	2	1
1908,	5	4	2	1
1909,	7	4	2	0
1910,	6	1	0	0
1911,	6	0	1	0
1912,	5	1	1	1
1913,	5	1	2	0
1914,	6	1	0	0
1915,	6	0	0	0
1916,	5	1	1	0
1917,	5	2	0	1
1918,	9	3	2	1
1919,	11	3	0	2 (ret.)
1920,	10	2	2	1
1921,	12	2	1	0
1922,	8	4	3	0
1923,	14	0	0	3 (2 ret.)
Totals,	137	35	21	11

Figure 4: Number of discharges divided into yearly periods.

these were due to the death of the inmate. Only 35 patients were considered recovered, as shown in Figure 4. These statistics suggest that rather than being admitted for care, Native Americans were interned at the Asylum for Insane Indians until their deaths, or until the closure of the facility in 1934.

1923 Annual Report Statistical

The 1923 Annual Report Statistical inventories livestock and supplies at the asylum. Inventories also include properties owned by patients,

1. Number of children under your jurisdiction, including those away at other schools, from 5 to 18 years of age, both included:			(1) Males.	(2) Females.	(3) Total.
			8	4	12
2. Number of these incapacitated for attendance at school by reason of—			(1) Males.	(2) Females.	(3) Total.
(a) Ill health					
(b) Mental defect			8	4	12

Figure 5: Number of children under asylum jurisdiction & number of those incapacitated

notes about the staff, medical care and diagnoses. In 1923, no physicians, field matrons, or nurses were on staff, so medical care was not made available to patients.

The report also provided information about the minors at the asylum. 12 children were housed in the asylum in 1923 and were excluded from education in public and private school systems and asylum schooling. The asylum also lacked a library for self-education.

Patients deemed physically capable at the asylum were tasked with sewing during the day. In 1923, patients manufactured \$1,715.41 in clothing and linens for the asylum. Although labor was conducted by patients, they were

MALES		FEMALES		TOTAL	
(1) Adults	(2) Minors	(3) Adults	(4) Minors	(5) Adults	(6) Minors
0	0	0	0	0	0

Articles	Unit	To Indians described in query 57.		To Indians described in query 57.	
		(3) Quantity	(4) Value	(5) Quantity	(6) Value
Total			4202.43		0

Figure 6: Number of Indians issued rations in payment for labor performed & quantity/value of said rations

not granted rations as payment. However, the report later notes that \$4,202.43 was granted in rations to patients, creating a discrepancy in the asylum’s annual budget and expenditures report.

Memorandum from William A. White to Department of the Interior at Saint Elizabeths Hospital, May 23, 1929

Following a report made by Dr. Samuel Silk, psychiatrist at Saint Elizabeths Hospital in Washington, D.C., in regard to the state of the

FIRST. The present institution might be abolished, in which case the problem would be how to care for the insane Indians which it is now housing. These might be cared for

- (a) by contract with existing institutions that maintain a sufficiently high standard of care; or
- (b) by being sent to Saint Elizabeths Hospital, in which case, however, it would be necessary first to build and equip additional accommodations.

SECOND. The institution may be maintained with such necessary changes in construction, methods of care and administration as are essential to bring it up to a proper standard.

THIRD. The institution might be entirely relocated.

Figure 7: Propositions made by William White for changes in the asylum

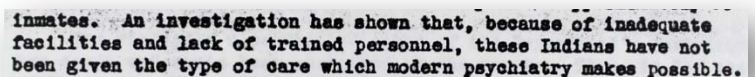
asylum, the memorandum from William White, superintendent of Saint Elizabeths and prominent psychiatrist, outlines several options for the asylum's future, shown in Figure 7. These options included the closure of the asylum, changes in "construction, methods of care and administration," and relocation.

Due to the high cost of renovating and maintaining the asylum and the inconvenient location of the campus for potential employees, White suggests that Saint Elizabeths Hospital would be the best place for the patients. While ultimately leaving the decision in the hands of the Department of the Interior, White also suggested that Dr. Samuel Silk's advisement in the matter would be beneficial to the Department.

Memorandum for the Secretary of Canton Insane Asylum from the Office of Solicitor, August 21, 1933

The August 21, 1933 memorandum to the secretary of the asylum explores the legal and practical aspects of the potential transfer of patients as discussed in the May 23, 1929

memorandum to the Department of the Interior. In this note, the unknown author notes the poor care conditions of

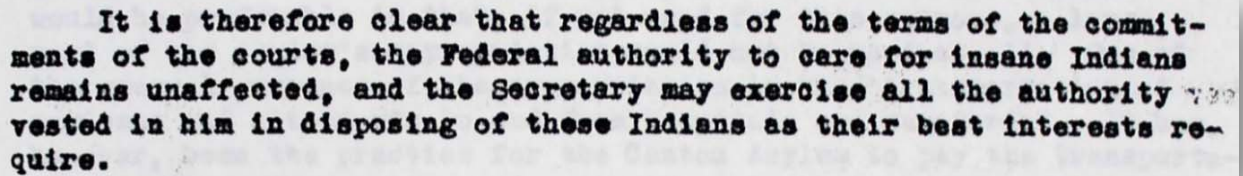


inmates. An investigation has shown that, because of inadequate facilities and lack of trained personnel, these Indians have not been given the type of care which modern psychiatry makes possible.

Figure 8: Passage from August 21, 1933 memorandum reflecting on inadequacies of asylum

the asylum as shown in Figure 8, stating: "An investigation has shown that, because of inadequate facilities and lack of trained personnel, these Indians have not been given the type of care which modern psychiatry makes possible."

The author later writes of the asylum's superintendent, Dr. Harry Hummer, and his ability to "exercise all the authority vested in him in disposing of these Indians as their best interests require (Figure 9)." This tone reflects a lack of responsibility by the Department of the Interior in



It is therefore clear that regardless of the terms of the commitments of the courts, the Federal authority to care for insane Indians remains unaffected, and the Secretary may exercise all the authority vested in him in disposing of these Indians as their best interests require.

Figure 9: Passage from memorandum reflecting on Hummer's authority

regards to the asylum's treatments and procedures, and suggest the asylum's status as an internment camp rather than a care facility.

The author concludes the memorandum by strongly recommending that the patients at the Canton Asylum be transferred to Saint Elizabeths Hospital or similar facility.

1929 Memorandum for Dr. White from Chief Medical Director of Office of Indian Affairs

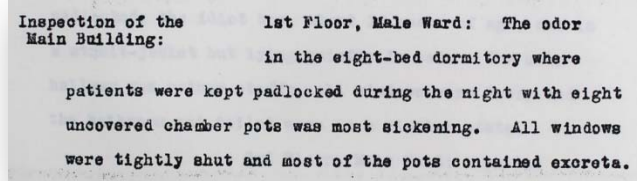
In this memorandum, the Chief Medical Director of the Office of Indian Affairs, M. C. Guthrie, notes a lack of detail in reports of mental illness among patients. Guthrie cites a passage from Dr. Silk's 1929 Report of Survey in which Silk states that "the inadequacy and incompleteness of records, absence of laboratory reports made reliable diagnosis impossible." Inconsistencies arise when Silk observes that "at the time of inspection of the Institution [patients] did not show any active evidence of mental disease."

Guthrie concludes the memorandum by recommending the asylum be expanded to accommodate 150 to 200 more patients.

1929 Report of Survey from Dr. Silk to Commissioner of Indian Service

In his report of survey, Dr. Samuel Silk summarizes his visit to the asylum, including evaluations of the buildings and practices, interviews with employees, and suggestions for improvement.

During his first day at the asylum, Silk conducted a room-by-room tour of the asylum's dormitories.



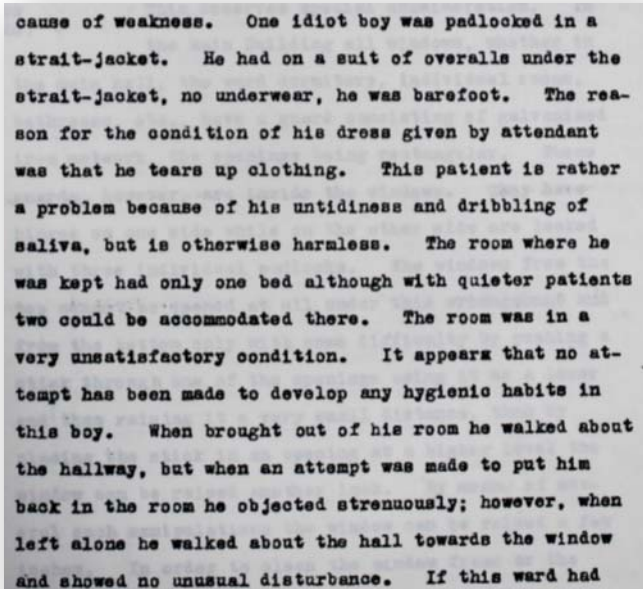
Inspection of the Main Building: 1st Floor, Male Ward: The odor in the eight-bed dormitory where patients were kept padlocked during the night with eight uncovered chamber pots was most sickening. All windows were tightly shut and most of the pots contained excreta.

Figure 10: "The odor in the eight-bed dormitory"

On the first floor of the male ward, Silk wrote "The odor in the eight-bed dormitory where patients were kept padlocked during the night with eight uncovered chamber pots was most sickening. All windows were tightly shut and most of the pots contained excreta (Figure 10)."

Silk noted that "the patients on the wards were rather poorly kept, some were on the floor and in a rather untidy condition." Among Silk's accounts is that of a young boy "who, in addition to his being padlocked, was restrained in a strait-jacket. An enameled chamber pot without a cover was in his room although it was difficult to see how he could use it in his restrained state." Silk also details the complete isolation of another boy (Figure 11):

One idiot boy was padlocked in a strait-jacket. He had on a suit of overalls under the strait-jacket, no underwear, he was barefoot. The reason for the condition of his dress given by attendant was that he tears up clothing. This patient is rather a problem because of his untidiness and dribbling of saliva, but is



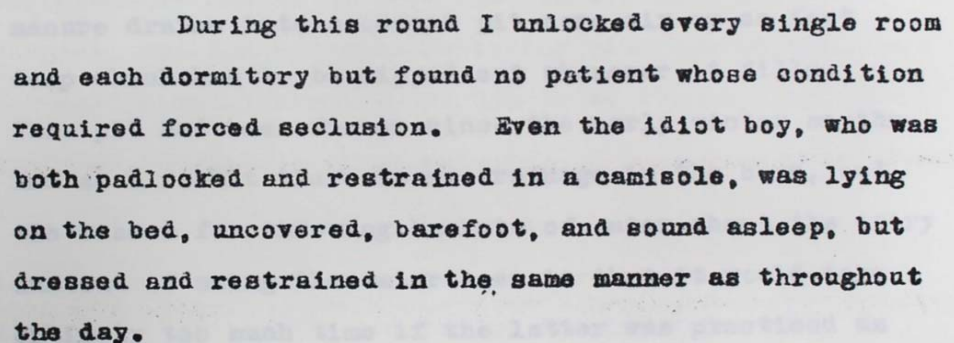
cause of weakness. One idiot boy was padlocked in a strait-jacket. He had on a suit of overalls under the strait-jacket, no underwear, he was barefoot. The reason for the condition of his dress given by attendant was that he tears up clothing. This patient is rather a problem because of his untidiness and dribbling of saliva, but is otherwise harmless. The room where he was kept had only one bed although with quieter patients two could be accommodated there. The room was in a very unsatisfactory condition. It appears that no attempt has been made to develop any hygienic habits in this boy. When brought out of his room he walked about the hallway, but when an attempt was made to put him back in the room he objected strenuously; however, when left alone he walked about the hall towards the window and showed no unusual disturbance. If this ward had

Figure 11: "One idiot boy was padlocked in a strait-jacket."

otherwise harmless. The room where he was kept had only one bed although with quieter patients two could be accommodated there. The room was in a very unsatisfactory condition. It appears that no attempt has been made to develop any hygienic habits in this boy. When brought out of his room he walked out the hallway, but when an attempt was made to put him back in the room he objected strenuously; however, when left alone he walked about the hall towards the window and showed no unusual disturbance.

During the evening rounds, Silk visits the same child, who remained in the strictest restraints. "During this round I unlocked every single room and each dormitory but found no patient whose condition required forced seclusion. Even the idiot boy, who was both padlocked and restrained in a camisole, was lying on the bed, uncovered, barefoot, and sound asleep, but dressed and restrained in the same manner as throughout the day."

This passage in Silk's report highlights the extreme and unnecessary use of restraints in managing the patients. On the female ward, Silk notes a similar occurrence:

A photograph of a typed document snippet, likely a page from a report. The text is typed in a monospaced font and is highlighted with a light blue background. The text reads: "During this round I unlocked every single room and each dormitory but found no patient whose condition required forced seclusion. Even the idiot boy, who was both padlocked and restrained in a camisole, was lying on the bed, uncovered, barefoot, and sound asleep, but dressed and restrained in the same manner as throughout the day." The text is centered on the page.

During this round I unlocked every single room and each dormitory but found no patient whose condition required forced seclusion. Even the idiot boy, who was both padlocked and restrained in a camisole, was lying on the bed, uncovered, barefoot, and sound asleep, but dressed and restrained in the same manner as throughout the day.

Figure 12: "Both padlocked and restrained in a camisole, was lying on the bed, uncovered, barefoot, and sound asleep"

One defective girl, half naked, was sleeping on a mattress on the floor in the bathroom, and one nearly fell over her upon entering the bathroom. She had spent the night there having been placed there by the female attendant because she was "disturbed".

Ordinarily, it was stated, she sleeps in the eight-bed dormitory, but this is done whenever she is disturbed. The attendant on duty decides when to put her in the bathroom on the floor. This girl is a congenital defective and has no use of her lower limbs. Her

windows being down. One defective girl, half naked, was sleeping on a mattress on the floor in the bathroom, and one nearly fell over her upon entering the bathroom.

She had spent the night there having been placed there by the female attendant because she was "disturbed". Ordinarily, it was stated, she sleeps in the eight-bed dormitory, but this is done whenever she is disturbed. The attendant on duty decides when to put her in the bathroom on the floor. This girl is a congenital defective and has no use of her lower limbs. Her "disturbance" consists in annoying the other patients in the eight-bed dormitory. The three rooms on the same ward

Figure 13: "One defective girl, half naked, was sleeping on a mattress on the floor in the bathroom"

"disturbance" consists in annoying the other patients in the eight-bed dormitory. . . . The decision as to patient's disturbed state should not be left to the judgement of an untrained attendant. (Figure 13)

After his exploration of the dormitories, Silk condemned the asylum's extensive use of strait-jackets, camisoles, metal wristlets, shackles, and padlocked doors:

There is little justification for the amount of seclusion used in the Institution but the locking up of all patients during the night, depriving them of proper toilet facilities is inexcusable. Practically none of the patients required seclusion and the only apparent reason for such practice is the prevention of their escape when the wards are left unattended, although the physical construction of the buildings is not such as to make escape especially difficult.

Throughout his report, Silk frequently remarks on the abysmally few employees at the asylum. "The regular force of ward employees consists of six attendants, three males and three

females, on day duty, and two attendants, one male and one female, on night duty.” Due to time off, only four attendants were available for day shifts, and were scattered throughout the two floors in each of the three buildings. Two night shift employees were responsible for 24 patients per floor.

Although the asylum had few employees, all were drawn into a power struggle between Dr. Harry Hummer, Secretary, and Grace Fillius, Head Nurse. Despite her vast qualifications for the position, Hummer sought to fire her by bribing and threatening employees to testify against her. During an interview with Fillius, the nurse revealed that Hummer

used all sorts of unfair means to get rid of her, that he asked every employee, including kitchen, dining room help and ordinary laborers, to furnish affidavits against her and that a number of employees did so fearing to lose their jobs, or because they wished to get

into Dr. Hummer's good
graces. She mentioned
that some employees left
the Institution after being
asked to furnish affidavits.
(Figure 14)

She brought forth many arguments to prove that Dr. Hummer has used all sorts of unfair means to get rid of her, that he asked every employee, including kitchen, dining room help and ordinary laborers, to furnish affidavits against her and that a number of employees did so fearing to lose their jobs, or because they wished to get into Dr. Hummer's good graces. She mentioned that some employees left the Institution after being asked to furnish affidavits.

Figure 14: "Dr. Hummer has used all sorts of unfair means to get rid of her"

These accounts were confirmed during Silk's interview with kitchen assistance Miss Koepp, who also faced dismissal for reporting Hummer's obsession with gaining affidavits against Fillius. Silk reveals that Hummer's questioning is based in rumors of alcoholism. While these claims were never proven, the mistrust, unease, and resentment among employees created an even more threatening environment at the asylum.

Silk's report of survey also called attention to the asylum's inadequate or, in many instances, complete lack of records regarding admission, care, death and discharge. Of the records available at the asylum during his visit, Silk stated:

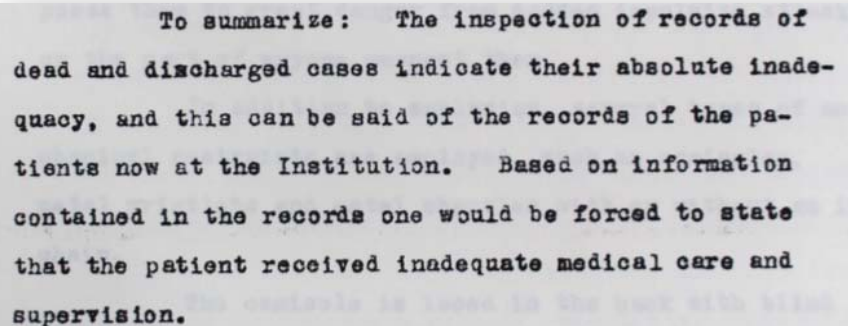
has given them. Most of the information in the records is of a stereotyped and valueless nature. No psychiatrist could get an adequate idea as to the mental condition of a patient from reading such a history. There is no information as to family history, personal history and no adequate account of present illness, and, of course, such information is absolutely essential in order to obtain any sort of conception as to the patients' mental difficulties. No record of any urinalyses is filed; no Wassermann examinations are performed. Serious accidents are not recorded or commented upon by the physician but a statement by the attendant of the ward where the accident had happened is filed. This practice was fol-

Figure 15: "Most of the information in the records is of a stereotyped and valueless nature."

Most of the information in the records is of a stereotyped and valueless nature. No psychiatrist could get an adequate idea as to the mental condition of a patient from

reading such a history. There is no information as to family history, personal history and no adequate account of present illness, and, of course, such information is absolutely essential in order to obtain any sort of conception as to the patients' mental difficulties. No record of any urinalyses is filed; no Wassermann examinations are performed. Serious accidents are not recorded or commented upon by the physician but a statement by the attendant of the ward where the accident had happened is filed. (Figure 15)

Silk also outlines the issues such inadequate records creates regarding illness, death, and discharge. "No summaries are made in the case of a patient's death or discharge. No description of



To summarize: The inspection of records of dead and discharged cases indicate their absolute inadequacy, and this can be said of the records of the patients now at the Institution. Based on information contained in the records one would be forced to state that the patient received inadequate medical care and supervision.

Figure 16: "The inspection of records of dead and discharged cases indicate their absolute inadequacy"

last illness, the only thing in the record indicating the patient died is the fact that a copy of the death certificate is filed. . . . Based on information contained in the records one would be forced to state that the patient received inadequate medical care and supervision (Figure 16)."

In the latter half of his report, Silk begins referring to the asylum as a prison, highlighting the asylum's status as an internment camp rather than a care facility. Silk explains that Native Americans awaiting admission to the asylum are kept in jail but that "it must be admitted that a great number of patients at the Canton institution receive no different care than they would have received had they remained in jail." (Figure 17) In the following paragraph, Silk criticizes the asylum further, writing that "Under present conditions the patients receive no psychiatric or

mental treatment of any kind worth while mentioning. They receive the poorest kind of medical attention and custodial care very much below the standard of a modern prison."

In his closing remarks,

Dr. Silk urges the Commissioner of Indian Service to reconsider the necessity and value of the asylum and summarizes its failures and the mistreatment of patients:

Inspection of the Institution over a period of six days disclosed most intolerable

conditions in all of

its departments.

Without attempting

in the slightest to

place the blame in

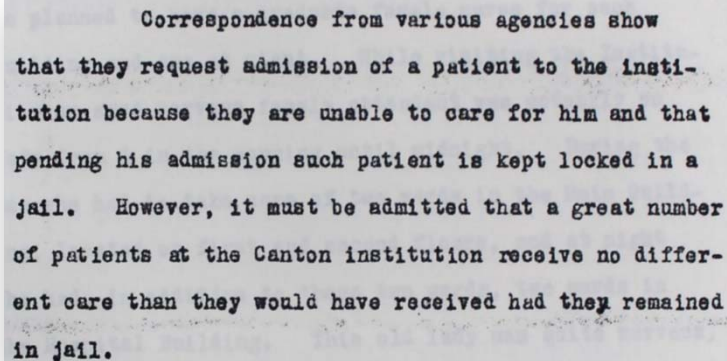
any one quarter for

the very

unsatisfactory

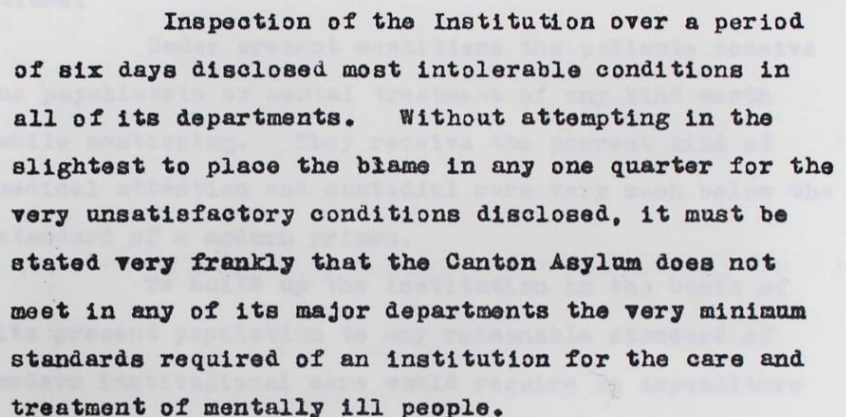
conditions disclosed,

it must be stated very frankly that the Canton Asylum does not meet in any of its major departments the very minimum standards required of an institution for the care and treatment of mentally ill people. (Figure 18)



Correspondence from various agencies show that they request admission of a patient to the institution because they are unable to care for him and that pending his admission such patient is kept locked in a jail. However, it must be admitted that a great number of patients at the Canton institution receive no different care than they would have received had they remained in jail.

Figure 17: "no different care than they would have received had they remained in jail."



Inspection of the Institution over a period of six days disclosed most intolerable conditions in all of its departments. Without attempting in the slightest to place the blame in any one quarter for the very unsatisfactory conditions disclosed, it must be stated very frankly that the Canton Asylum does not meet in any of its major departments the very minimum standards required of an institution for the care and treatment of mentally ill people.

Figure 18: "the Canton Asylum does not meet in any of its major departments the very minimum standards required of an institution for the care and treatment of mentally ill people."

CHAPTER IV – Conclusion

Summary of Findings

Records created by Dr. Harry Hummer revealed little about the patients' treatment or the true state of the asylum's grounds. Hummer does not reveal the use of restraints, lack of medical and psychological treatment, or the dangerously few staff members at the asylum. Documents from external sources, such as Dr. Samuel Silk's 1929 report of survey, reveal the true nature of the asylum. In his report, Silk outlines the poor conditions of the buildings and asylum assets, limited staff and resources, insufficient, incomplete, or nonexistent records, and no medical and psychological care. Silk discusses the widespread and unnecessary use of restraints and the toxic work environment created by Dr. Hummer's hunt for complete loyalty among his employees. Silk's in-depth account of the asylum offers a glimpse into the terrible conditions and treatments that Native American patients endured.

Professional Impact

Throughout my work with the *Honoring the Dead* project, I refined many skills acquired during my undergraduate education at Dakota State University. In a Digital Collection & Curation course, I gained the necessary experience with photo editing, metadata compilation, and transcription for the digitizing process, and provided me with an introduction to Dublin Core standards, data collection and analysis, media editing, and technical problem solving.

On a broader scope, my work has also relied heavily upon time management, meeting deadlines, self-motivation, attention to detail, commitment to quality and accuracy, content analysis, and working in a team setting. I also presented my work at the University of Nebraska-Lincoln annual Digital Humanities Forum, a competitive undergraduate research panel.

Significance

Digitization efforts serve to increase accessibility to documents that were previously only kept in microfilm form at the South Dakota Historical Society, inaccessible to broad audiences in a digital age. Because of the digitization of the documents, people may now investigate the asylum and the Native Americans that resided there. Documents, names, and events can easily be found through the use of tags and metadata, and the transcription of each documents allows for accessibility and the potential for text analysis and other visualization and mapping tools.

In addition to preserving aspects of U.S. history, the project is also preserving the stories and existence of those admitted to the asylum during the 31 years of its operation. Although many records kept at the asylum were inadequate in terms of the identification, care, and death or discharge of patients, the Honoring the Dead project has preserved their names, tribes, home states, and accounts of their treatment at the Canton Asylum for Insane Indians and made this information available online. By recording and publishing information relating to the asylum, the project aims to draw attention to and address these crimes against humanity.

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